

Incident Report



Metropolitan Police Department
Nashville, Tennessee
ver 2.8

1. MPD Incident No.
2011-0998744

ZONE	R.P.A.
637	1731

Part 1 Incident		2. Related Incident <input checked="" type="checkbox"/> N/A						
		3. Other Police Agency & Case Incident No. <input checked="" type="checkbox"/> N/A						
4. Report Type DISPATCHED		5. Report Date/Time 12/25/2011 00:29		6. Incident Date/Time (From/To) 12/24/2011 22:20 - 12/24/2011 22:20		Precinct North Precinct		
7. Reporting/Dispatched Location <input type="checkbox"/> UNK 3441 DICKERSON PKE				Apt No	City		State TN	Zip Code <input type="checkbox"/>
Cross Street:								
8. Address of Incident <input type="checkbox"/> Same as Block No 7 94 TWIN HILLS DR				Apt No	City MADISON		State TN	Zip Code <input checked="" type="checkbox"/> 37115
Cross Street:								
# 1	9. Offense CODE 13A	10. Offense Description AGGRAVATED ASSAULT			11. Status COMPLETED		12. Location Type CODE Residence, Home	
13. Weapon CODE (Enter up to 3) BLUNT OBJECT								
15. Hate Crime Suspected NO		16. Suspected Gang Activity NO		16a. Terrorism Suspected NO		17. (For Burglary) Forced Entry If Hotel/Motel/rental Storage No. of Premises Entered		18. (For Burglary/Robbery) Home Invasion?
Part 2 <input type="checkbox"/> N/A Victim No. 1		31. Victim Type Individual (18 and over)			19. (Last, First, Middle Name or Business Name) <input type="checkbox"/> UNK <input checked="" type="checkbox"/> MNI NEW REEDER DONALD			
		20. SSN <input type="checkbox"/> UNK <input checked="" type="checkbox"/> N/A			21. Driver License (State (Number)) <input type="checkbox"/> UNK <input checked="" type="checkbox"/> N/A			
Same as Address of Incident (Block #8) <input checked="" type="checkbox"/>	22. Address of Victim Street <input type="checkbox"/> UNK 94 TWIN HILLS DR		Apt No	City MADISON		State TN	Zip Code <input checked="" type="checkbox"/> 37115	E-Mail Address
		Cross Street						
23. Sex MALE	24. Race WHITE		25. Ethnicity NON HISPANIC		27. County Resident Yes		28. DOB <input type="checkbox"/> UNK <input type="checkbox"/> N/A 10/16/1928	29. Age <input type="checkbox"/> N/A 83 - Years
29. Phone Numbers HM: (615) 859-0786 WK:				Cell/ Pager:				
30. Victim of Offenses: (Ref Block #9)		13A						
32. Local College Student? (If Yes, List Name of College/University) N/A								
33. Employment (Name) <input type="checkbox"/> MNI <input checked="" type="checkbox"/> N/A (Address) (Apt No) (Cross Street) (City) (State) TN (Zip Code) <input type="checkbox"/> (Email Address)								
34. Domestic Disturbance? N/A		If Yes, Answer the Following Questions		Was Order of Protection Violated?		Was Victim taken to Safe Place?		Were Children taken to Safe Place?
								Were Children Present During Incident?
35. Victim to Suspect 1		HAYES, ORVILLE			Relationship VICTIM WAS ACQUAINTANCE			
36. Aggravated Assault/Homicide Circumstances OTHER CIRCUMSTANCES				37. Negligent Manslaughter		38. Justifiable Homicide		

Part 3		92. (Last, First, Middle Name) <input type="checkbox"/> Alias <input type="checkbox"/> UNK <input checked="" type="checkbox"/> MNI 58097203				94. SSN or Driver Lic. No.	
Suspect # 1		HAYES ORVILLE				Unknown	
93. Address Street <input type="checkbox"/> UNK		Apt #	City	State	Zip Code	95. Phone No. <input checked="" type="checkbox"/> UNK	
94 TWIN HILLS DR			MADISON	TN	37115		
Cross Street:							
97. Sex	98. Race	99. Ethnicity		100. DOB <input type="checkbox"/> UNK	101. Age <input type="checkbox"/> UNK	104. Height	105. Weight
MALE	WHITE	NON HISPANIC		12/19/1922	89 - Yrs	' "	lbs
106. Hair		107. Eyes					
UNKNOWN		UNKNOWN					
108. Scars and Other Identifiers				109. Clothing			
102. Suspected of Using <input checked="" type="checkbox"/> NA				103. Status (Enter up to 2)			
Alcohol Drugs Computer				AT LARGE			
96. Weapon/Tool (Enter Up To 3) BLUNT OBJECT							
110. Vehicle Used None <input type="radio"/> Seized (If seized, complete Part 5, Motor Vehicle Section) <input type="checkbox"/> MVI							
(Year)	(Make)	(Model)	(Style)	(Color)	(License No.)	(State)	(Yr)
						TN	
Part 4 <input type="checkbox"/> N/A		39. Other Person Type (Non-Victim) <input checked="" type="checkbox"/> MNI 63222665					
Other Person # 1		Other HOYLE SHARON					
41. Address Street <input type="checkbox"/> UNK		Apt No.	City	State	Zip Code	42. Place of Employment/School <input type="checkbox"/> UNK	
848 WREN RD		A	GOODLETTSVILLE	TN	37072	CARESTONE	
Cross Street:							
43. Status	44. Sex	45. Race	47. DOB <input checked="" type="checkbox"/> UNK	46. Age <input checked="" type="checkbox"/> UNK	48. Phone Numbers		
PERSON QUESTIONEI	FEMALE	UNKNOWN		- Yrs	HM (615) 859-9246 WK Cell/Pager		
Part 4 <input type="checkbox"/> N/A		39. Other Person Type (Non-Victim) <input checked="" type="checkbox"/> MNI NEW					
Other Person # 2		Other ELLIOTT SANDY					
41. Address Street <input type="checkbox"/> UNK		Apt No.	City	State	Zip Code	42. Place of Employment/School <input checked="" type="checkbox"/> UNK	
94 TWIN HILLS DR			MADISON	TN	37115		
Cross Street:							
43. Status	44. Sex	45. Race	47. DOB <input checked="" type="checkbox"/> UNK	46. Age <input checked="" type="checkbox"/> UNK	48. Phone Numbers		
NOT INTERVIEWED	FEMALE	UNKNOWN		- Yrs	HM WK Cell/Pager		

Part 5 Property

☒ N/A

49. Victim/Suspect No.

50. Cat CODE

Category (Other)

51. Property Description
(Make) (Model) (Size) (Type) (Color)

52. Serial No.

Owner Applied No.

53. QTY

54. Type CODE

55. Cond CODE

Condition CODE (Other)

56. Est \$ Value

57. Date Recovered

Recovered \$Value

58. Stored By CODE

Stored By (Other)

Part 6 Injury & Transport

☐ N/A

85. Injured

Victim

1

REEDER, DONALD

86. "Injury" Code (Enter Up to 5)

APPARENT BROKEN BON OTHER MAJOR INJURY APPARENT MINOR INJURY

87. Describe Injury CUTS ON HANDS, BROKEN NOSE, AND MULTIPLE BRUISES AND SWELLING TO THE FACE AND LEFT EYE

88. Medical Treatment SKYLINE

89. Transported By Other (List)

LIFEGUARD

90. Examining Physician ☒ N/A

91. Status

Part 7 Search By Officer

☒ N/A

111. Search Type

112. Searched Location (Address, Area, Etc.)

Part 8 Other Units Requested

☒ N/A

113.I.D. Section Called To Scene:

Yes, for: ☐ Photos ☐ Prints ☐ Other Other:

114.Other Units Called:

Part 10 Narrative

120.

DISPATCH WAS CALLED BY AN EMT WITH LIFEGUARD AMBULANCE STATING HE WAS RUNNING HOT TO SKYLINE MEDICAL CENTER WITH AN ELDERLY MALE THAT HAD BEEN BEATEN UP BY HIS ROOMMATE FROM CARESTONE OF RIVERGATE. WHEN OFFICERS ARRIVED AT THE HOSPITAL THEY WERE INFORMED BY THE STAFF THAT VIC1 HAS ALZHEIMER'S AND DEMENTIA. OFFICERS THEN WENT OUT TO CARESTONE AND SPOKE WITH PERSONNEL AT THE FACILITY. OP1 WAS THE CARETAKER WHO FOUND VIC1 WITH THE INJURIES. OP1 STATED WHILE DOING ROOM CHECKS SHE FOUND VIC1 SITTING IN THE COMMON AREA WITH THE INJURIES, AND WHEN SHE ASKED WHAT HAD HAPPENED, VIC1 STATED SUSP1 "BEAT THE HELL OUT OF ME". OP1 STATED THAT SUSP1 ALSO HAS DEMENTIA AND DOES NOT ALWAYS KNOW WHERE HE IS. OFFICERS WERE THEN INFORMED THAT VIC1 HAD GONE INTO THE ROOM OF SUSP1 AND TRIED TO WAKE HIM UP. SUSP1 THEN BECAME VERY ANGRY AND VIOLENT AND BEGAN BEATING VIC1 WITH HIS CANE. THE AMBULANCE WAS THEN CALLED AND VIC1 WAS TRANSPORTED TO SKYLINE HOSPITAL TO BE TREATED FOR INJURIES. NO CALL FROM CARESTONE FACILITY WAS EVER ATTEMPTED ABOUT THE INCIDENT AND CONTACT WAS NOT MADE WITH THE FACILITY UNTIL OFFICERS WENT TO THE LOCATION AFTER BEING AT SKYLINE. THE FACILITY STATED THEY HAD SENT SUSP1 TO THE VA HOSPITAL FOR A MENTAL EVALUATION. VIC1 WAS TO BE TRANSPORTED FORM SKYLINE TO CENTENNIAL HOSPITAL. A

PRECINCT DETECTIVE WAS ATTEMPTED TO BE RAISED HOWEVER NO DETECTIVE WAS WORKING. OP2 WAS THE MANAGER ON DUTY DURING THE INCIDENT. VIC1 AND SUSP1 ARE IN A FORCED LIVING SITUATION AT A NURSING HOME AND DO NOT RESIDE IN THE SAME ROOM. WHEN OFFICERS WENT TO THE INCIDENT LOCATION THE CRIME SCENE HAD BEEN CLEANED UP BY THE CENTER STAFF SO ID WAS NOT CALLED.

121. Report is Continued on: ☒ N/A (Check all that apply)

☐ Supplement Report

☐ Addendum Report

122. Signature of Recipient/Authorizer: ☒ N/A ☐ Refuse to Sign REEDER, DONALD

Victim 1

126. Advisory Notice Issued

Citizen Information Notice

Will Victim Prosecute:

Victim 1 REEDER, DONALD

Unsure (See Narr.)

Primary Investigative Unit: NORTH INVESTIGATIONS

Can Victim/Other Person Identify Suspect(s):

Victim 1 REEDER, DONALD

Yes

Person 1 HOYLE, SHARON

Yes

Person 2 ELLIOTT, SANDY

Yes

Reporting Agency:

METROPOLITAN NASHVILLE POLICE DEPARTMENT

127. Case Status

Open

Cleared by Exception

123. Reporting Officer (First, MI, Last)

/S/JOEL ROGERS

Employee No.

728072

Agency

TN0190100

Radio Call Sign District

633C

124. Approving Supervisor

/S/JAMES SMITH JR

Employee No.

226316

Agency

TN0190100

125. Reviewer

/S/JAMES MARTIN

Employee No.

266974

Agency

TN0190100

Date

12/26/2011

Attachment

Comments